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Emotional Experiences of Mothers with High-Risk Pregnancy in the Third Trimester

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ABSTRAK

Introduction: High-risk pregnancy is one of the factors that can affect a mother's emotional condition, especially in the third trimester. According to the 2022 Health Profile of Central Java Province, there were 1,250 cases of high-risk pregnancy in the region, with 320 cases occurring in Tegal City. Of these, 95 high-risk pregnancy cases were found at the Tegal Barat Health Center between January and October 2022. This study aims to describe the emotional experiences of mothers experiencing high-risk pregnancies in the third trimester. **Method:** The research uses a qualitative approach with a phenomenological method. Data were collected through in-depth interviews and observations with 6 mothers with high-risk pregnancies as main informants, along with 2 supporting informants, namely midwives and healthcare workers at the Tegal Barat Health Center. **Result:** The results show that mothers with high-risk pregnancies in the third trimester face various emotions, such as anxiety about the safety of the fetus (80% of informants), fear of complications during labor (67% of informants), and feelings of isolation due to physical activity restrictions (50% of informants). Emotional support from family and healthcare workers has been shown to play an important role in helping mothers face these challenges. However, the lack of understanding about their medical conditions often exacerbates the anxiety felt by the mothers. **Conclusion:** This study emphasizes the importance of psychosocial support from healthcare providers and family, particularly husbands, in aiding high-risk pregnant women to manage emotions. Such collaboration enhances the mother's quality of life and lowers the risk of complications.

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INTRODUCTION

High-risk pregnancy is one of the primary challenges in efforts to improve maternal and child health, a priority focus of the Sustainable Development Goals (SDGs) aiming to reduce the maternal mortality rate (MMR) to 70 per 100,000 live births by 2030 (Bayuana et al., 2023). In Indonesia, according to the 2020 Intercensal Population Survey (SUPAS), the MMR stands at 230 per 100,000 live births, with approximately 25% of pregnancies categorized as high-risk. Central Java is one of the provinces with a relatively high number of high-risk pregnancies, recording 12,500 cases in 2022, including 320 cases in Tegal City (Anggita Ratnaningtyas et al., 2023) (Chabibah & Khanifah, 2019).

High-risk pregnancy is one of the primary challenges in efforts to improve maternal and child health, a priority focus of the Sustainable Development Goals (SDGs) aiming to reduce the maternal mortality rate (MMR) to 70 per 100,000 live births by 2030 (Bayuana et al., 2023). In Indonesia, according to the 2020 Intercensal Population Survey (SUPAS), the MMR stands at 230 per 100,000 live births, with approximately 25% of pregnancies categorized as high-risk. Central Java is one of the provinces with a relatively high number of high-risk pregnancies, recording 12,500 cases in 2022, including 320 cases in Tegal City (Riyanti et al., 2023).

Previous studies have shown that mothers with high-risk pregnancies often experience a range of emotions such as anxiety, fear, and stress, which can affect both the physical and mental health of the mother and the fetus (Pujilestari & Muhaimin, 2022). Factors such as a lack of family support, limited access to information, and socioeconomic burdens often exacerbate the emotional condition of mothers during pregnancy (Indriyani & Anggraini, 2024).

Preliminary interviews with midwives at Tegal Barat Community Health Center revealed that around 70% of mothers with high-risk pregnancies in the area reported feeling anxious about potential delivery complications, while 50% expressed feelings of isolation due to the need to limit daily activities. Emotional support and prenatal education are crucial for helping mothers manage these conditions; however, they are not yet being provided optimally across various healthcare facilities.

This study aims to explore the emotional experiences of mothers during high-risk pregnancies in their third trimester. Using a phenomenological approach, this research seeks to provide in-depth insights into the emotional dynamics experienced by these mothers and serve as a foundation for developing more effective psychosocial intervention programs (Nina Adlini et al., 2022).

LITERATURE REVIEW

High-risk pregnancy can affect both the physical and emotional well-being of the mother, which in turn may impact the health of both the mother and the fetus. Research by (Dwi Purnamasari, 2023) shows that mothers experiencing high-risk pregnancies, such as those with hypertension or gestational diabetes, often experience heightened anxiety about potential delivery complications. This condition can affect the mother's mental health and lead to sustained stress. Stress in high-risk pregnant mothers has been proven to increase the risk of preterm delivery and low birth weight (Nenti Herlina, 2016). In this context, it is crucial for healthcare professionals to provide adequate emotional support to help reduce the anxiety and stress experienced by mothers.

In addition to physical health factors, emotional factors also play a significant role in the quality of pregnancy. Research by (Loisza, 2020)states that mothers with high-risk pregnancies who receive emotional support from their family and healthcare providers have lower levels of anxiety compared to those who feel isolated or lack sufficient support.

This social support can take the form of effective communication between the mother and her partner, as well as counseling or education from healthcare providers about the potential risks during pregnancy.

Additionally, psychological factors such as fear of childbirth and uncertainty about the pregnancy outcome also influence the emotional condition of the mother. A study by (Sofia et al., 2019) found that mothers with high-risk pregnancies tend to feel more anxious, worried about complications, and less confident in their bodies' ability to deliver safely. This is often exacerbated by a lack of adequate information regarding high-risk pregnancies and proper prenatal care.

In the third trimester, anxiety and stress in mothers with high-risk pregnancies become more intense as they approach the time of delivery. According to (Putri & Kardi, 2023) pregnant women with high-risk pregnancies are more likely to feel fear and anxiety due to the potential complications, such as preeclampsia, bleeding, or difficulties during delivery. Therefore, it is essential for healthcare providers to offer psychosocial interventions that can help mothers manage their anxiety and enhance their confidence in facing labor (Hidayah & Siti Fatimah, 2022).

Evidence shows that emotional factors play a significant role in high-risk pregnancies, and the management of stress and anxiety in pregnant women must be an integral part of prenatal care. Therefore, this study aims to explore the emotional experiences of mothers during high-risk pregnancies in the third trimester and how social support and psychological interventions can help them overcome these challenges.

METHOD

The research method used in this study is a qualitative approach employing phenomenological methodology. This research was conducted in the working area of Tegal Barat Community Health Center in Tegal Barat Village, Sukaraja District, Tegal City, Central Java Province.

The process of selecting informants was carried out purposively, with clear inclusion criteria. The main participants in this study were 6 pregnant women in their third trimester with high-risk pregnancies from Tegal Barat Village. In addition, there were 2 supporting informants involved: health workers from the Tegal Barat Health Center and local midwives. The selection of informants was based on relevance and the potential to provide deep insights into the phenomenon being studied, particularly in the context of the emotional experiences of high-risk pregnant women.

This study focuses on understanding the emotional experiences of mothers during high-risk pregnancies in the third trimester. Phenomenology was chosen as the conceptual framework to explore the subjective meaning of participants' experiences as they navigate high-risk pregnancies and how they perceive their emotions, anxieties, and expectations as they approach childbirth. Phenomenology allows the researcher to delve into the lived experiences of mothers within their social, psychological, and cultural contexts.

Data was collected through in-depth interviews with the main participants and supporting informants. The interviews used a semi-structured interview guide to facilitate in-depth exploration of the emotional experiences, anxieties, and feelings experienced by high-risk pregnant mothers. In addition, observations were made of the interactions between mothers and healthcare providers during antenatal care (ANC) visits, as well as the mothers' behaviors in managing their health during the high-risk pregnancy. The data collection process also involved document review, including the Maternal and Child Health (KIA) book used by the mothers during their pregnancy, to obtain additional information regarding follow-up care for high-risk pregnancies.

The collected data was analyzed using a phenomenological analysis approach with structured steps. The analysis process began with data reduction to filter relevant information. The data was then analyzed to identify key themes related to the emotional experiences of high-risk pregnant mothers. The analysis results were presented in a narrative form that described patterns and key findings that emerged from the mothers' experiences. Data verification was carried out through triangulation, both in terms of sources (interviews with main and supporting informants) and techniques (interviews, observations, and document review). This approach ensures that the analysis is comprehensive and reliable.

RESULT AND DISCUSSION

Emotional Experiences of High-Risk Pregnancy

The interviews with pregnant women at high risk revealed profound emotional experiences related to their pregnancies. Many women experienced anxiety and stress throughout their pregnancies, particularly due to medical complications that required intensive care. Several women expressed feeling burdened by their unstable health conditions and concerns about the safety of their babies. One primary informant shared her emotional experience as follows:

"*I feel very anxious because the doctor told me my pregnancy is high-risk. I have to monitor my pregnancy carefully and often go to the hospital. It's very stressful.*" (Main Informant A).

This statement illustrates the immense anxiety experienced by women with high-risk pregnancies. They feel pressured by the need for constant medical monitoring, which impacts their emotional well-being. This is further emphasized by a midwife's statement, indicating that the anxiety experienced by high-risk pregnant women is very real and often hinders the optimal care process:

"*Many high-risk pregnant women feel anxious and often find it difficult to undergo routine check-ups calmly. The stress they experience sometimes affects their health and the fetus.*" (Health Worker, S).

The Impact of Stress on Maternal and Fetal Health

In addition to anxiety, high-risk pregnant women often worry about the impact of stress on their babies. Some women feel pressured and fear that the stress they experience may affect their babies' growth and development. One informant shared her concerns:

"*I always think whether my stress affects my baby. Sometimes I feel unsettled, and it makes me feel guilty because I'm afraid my baby might feel the effects.*" (Main Informant B).

Stress during high-risk pregnancy can indeed impact the physical and mental health of the mother and may increase the risk of complications during pregnancy. Research conducted by Setiawan et al. (2020) also shows that prolonged stress can affect the pregnancy process and cause problems for the fetus, such as growth disorders and premature birth.

Lack of Knowledge about High-Risk Pregnancy

Based on the interviews, most of the women with high-risk pregnancies expressed a lack of knowledge about proper pregnancy care. Many of them did not fully understand their medical conditions and the best ways to take care of themselves during pregnancy. One informant expressed:

"*I don't know much about what I should do to maintain my pregnancy. When I was told I was high-risk, I felt confused and anxious because no one explained clearly what I should do.*" (Main Informant C).

This lack of knowledge can cause pregnant women to feel unprepared and unable to take full control of their pregnancies. Research by Andriani & Nugrahmi (2020) also shows that many pregnant women do not receive adequate education about the risks of their pregnancy and the steps they need to take to maintain their health. This highlights the need for increased education about high-risk pregnancies, whether through healthcare providers or other informational media.

The Role of Healthcare Workers in Supporting High-Risk Pregnancy

The role of healthcare workers in providing emotional support and accurate information to high-risk pregnant women is crucial. Throughout pregnancy, women need clear information and support to help reduce their anxiety. One health worker explained the importance of good communication between pregnant women and healthcare providers:

"*As healthcare workers, we strive to provide complete information to high-risk pregnant women. We also offer emotional support so that they don't feel alone in undergoing this challenging pregnancy.*" (Midwife, T).

By providing proper education on the signs of complications, how to care for oneself during pregnancy, and continuous emotional support, healthcare providers can help reduce anxiety and improve the quality of care during high-risk pregnancies.

The findings of this study indicate that most of the high-risk pregnant women involved in this study had difficulty managing their pregnancies. Several factors contributing to this include medical conditions requiring intensive care, complications during pregnancy, and a lack of emotional support and knowledge about how to manage the risks involved. These findings are consistent with research by (Yuniarti et al., 2022), which found that high-risk pregnant women often face significant challenges in maintaining their health and that of their fetus due to a lack of knowledge about their medical conditions and how to manage them.

From the interviews, it was revealed that three informants faced serious complications during their pregnancies, such as high blood pressure and gestational diabetes, which required them to undergo special care. After conducting in-depth interviews, it was found that these informants did not receive sufficient information about the care they should undertake during high-risk pregnancies and how to mitigate the effects of the complications they experienced. Research conducted by (Rahmanindar et al, 2020) also shows that pregnant women with high-risk pregnancies often do not receive adequate information about the care required to manage their medical conditions, as well as the preventive measures they can take.

These findings align with the research conducted by oleh (Dwikanthi et al., 2020), which revealed that many pregnant women do not fully understand the meaning, benefits, and goals of high-risk pregnancy care, including the steps they can take to reduce the risk of complications. This lack of understanding is often due to insufficient information provided by healthcare providers, whether through printed materials, direct consultations, or community education.

Additionally, the interview results also revealed that some pregnant women feel highly anxious and fearful during their pregnancies, especially when they need to undergo more intensive medical care than usual. Several women with high-risk pregnancies expressed concerns about the possibility of serious complications that could affect their own safety and the safety of their unborn babies. These findings are in line with research by (Susanti et al., 2022), which showed that pregnant women with high-risk medical

conditions often experience heightened anxiety, which, in turn, can affect their mental health and worsen their physical condition.

The lack of awareness regarding the importance of managing high-risk pregnancies, both from the mothers and healthcare providers, can be a barrier to maintaining the health of both the mother and the baby. Several factors contribute to the ineffective management of high-risk pregnancies, including a lack of knowledge and concern from the mothers and their families, as well as inadequate skills among healthcare providers in delivering proper care. Therefore, healthcare providers involved in the care of high-risk pregnancies must possess the necessary skills to educate mothers and their families about the risks and the appropriate actions they need to take.

This study's findings also revealed that some informants do not fully understand the concept of high-risk pregnancies. These findings are consistent with research by (Kartika et al., 2019), which showed that a lack of understanding among mothers about the risks of their pregnancies can lead to their inability to take necessary preventive actions. Therefore, the crucial role of healthcare providers in educating pregnant women and their families about the risks they face and how to effectively manage their pregnancies is essential for improving the health of both the mother and the baby, as well as reducing the potential complications during pregnancy.

Eating Patterns in Women with High-Risk Pregnancy

The interview results indicate that some pregnant women with high-risk conditions begin to pay special attention to their eating patterns from the beginning of their pregnancy. One informant explained: "I was advised to start regulating my diet when I found out I was pregnant, especially because of the high-risk factor." (Primary informant, WM). Some pregnant women with high-risk pregnancies follow a regular eating pattern, as one informant shared:

"*I eat three times a day, with sufficient portions, but I focus more on consuming nutritious foods, such as vegetables and fruits.*" *(Primary informant, SM).*

However, another informant stated that she only eats twice a day, usually in the morning and at night, although this eating pattern is not always consistent:

"*I only eat twice a day, usually in the morning and at night, though sometimes I skip lunch.*" *(Primary informant, NM).*

Some pregnant women also reported difficulty in managing portion sizes due to frequent nausea:

"*The portion sizes aren't consistent because I often feel nauseous, so I just eat a little. Sometimes, I can't eat much because my stomach feels full and I feel nauseous. But I try to eat small portions.*" *(Primary informant, NM)*

Observations showed that some informants consume one serving of rice, while others adjust their portions according to their health condition. However, it was also observed that not all pregnant women with high-risk pregnancies could finish the food prepared for them, and some could only consume a few bites.

The food menu provided varied daily, tailored to meet the nutritional needs that support the health of pregnant women with high-risk pregnancies. One informant said:

"*The food menu is diverse, with vegetables, fruits, fish, sometimes chicken, and it's often replaced with more nutritious options.*" *(Primary informant, K)*

However, another informant mentioned that the food menu is sometimes inconsistent due to nausea or lack of appetite:

"*I sometimes can't eat vegetables or fruits, so I end up eating more meat or eggs.*" *(Primary informant, NM)*

Statements about the variation in daily food menus were supported by observations. The observations showed that the food provided to pregnant women with high-risk pregnancies is indeed varied and depends on the physical condition of the pregnant women.

This was also reinforced by a supporting informant, a cadre at the Posyandu (Community Health Post), who stated that the food menu for pregnant women was already quite varied because many women in the village understand the importance of proper nutrition to reduce risks during pregnancy:

"The food menu for pregnant women here is quite varied because many women know what they should eat for a healthy pregnancy." (Supporting informant, Posyandu cadre, S)

Food Storage and Nutritional Intake in High-Risk Pregnancy

Regarding food storage, some pregnant women with high-risk pregnancies ensure that their food is stored in safe and clean places, such as on the dining table with a food cover or in a dedicated storage cabinet. This is important to maintain cleanliness and ensure the quality of the food consumed, especially for pregnant women who require optimal nutritional intake. Observations show that some pregnant women are more cautious about storing food to maintain their health during pregnancy.

In terms of breastfeeding, although many pregnant women with high-risk pregnancies intend to exclusively breastfeed, some experience difficulty in producing breast milk during the early stages of birth. This finding indicates that many mothers have to resort to formula feeding because their milk has not yet come in on the first day after birth.

One informant shared, "*I couldn't breastfeed because my milk hadn't come in. I was advised to give formula instead." (Primary informant, RM)*

This finding aligns with research showing that the unavailability of breast milk in the early days after birth often leads mothers to switch to formula feeding, especially in high-risk pregnancies.

Additionally, some pregnant women experience delayed initiation of early breastfeeding (IMD) due to bleeding during childbirth, which delays milk production. This can hinder exclusive breastfeeding for the baby. Some mothers feel that the breast milk produced is insufficient to meet the baby's needs, leading them to supplement with formula.

One informant said, "*I had to give formula because my breast milk wasn't enough, even though I wanted to breastfeed exclusively." (Primary informant, K)*

Posyandu Visits and Immunizations in High-Risk Pregnancy

The interview results show that pregnant women with high-risk pregnancies are highly aware of the importance of regular visits to the Posyandu (Community Health Post) to monitor their health and the development of their babies. They consider visits to Posyandu crucial for obtaining information about pregnancy progress, including health checks for both the mother and the baby.

One informant explained, "*I regularly go to Posyandu to check my health and my baby's health to make sure everything is monitored properly." (Primary informant, S)*

This shows that pregnant women with high-risk pregnancies are very concerned about their health and often rely on Posyandu visits for the necessary medical services.

Moreover, all the pregnant women with high-risk pregnancies involved in this study stated that they paid special attention to immunizations given during pregnancy and after childbirth. They believe that proper immunization is essential for maintaining the

health of both the mother and the baby, as well as preventing complications that can arise in high-risk pregnancies.

CONCLUSION

Based on the interviews and observations of pregnant women with high-risk pregnancies, it can be concluded that their emotional experiences are greatly influenced by unstable health conditions and anxiety about the safety of their babies. The stress caused by high-risk pregnancies can negatively affect the physical and mental health of the mothers, as well as increase the risk of complications that can endanger both the mother's and the baby's health. Many mothers feel anxious and burdened by the intensive medical care required, but often lack sufficient knowledge about how to manage a high-risk pregnancy and the steps they need to take to maintain their health.

A lack of education regarding high-risk pregnancies is one of the main factors hindering the proper management of this condition. Many pregnant women feel confused and anxious due to the absence of clear information about their condition and the appropriate care methods. The role of healthcare providers is crucial in offering adequate education, providing emotional support, and ensuring that pregnant women feel empowered to handle their pregnancies with greater calm and control. Psychological support provided by healthcare professionals can help reduce the anxiety of mothers and improve the outcomes of their care.

By increasing knowledge and understanding of high-risk pregnancies, mothers can be better prepared to face the challenges ahead, which in turn can enhance the health of both the mother and the baby. Therefore, it is important for all parties, especially healthcare providers, to offer proper education and emotional support to pregnant women so that they can manage high-risk pregnancies more effectively.

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REFERENCES

Anggita Ratnaningtyas, M., Indrawati, F., Ilmu Kesehatan Masyarakat, J., Ilmu Keolahragaan, F., & Negeri Semarang, U. (2023). *334 Higeia 7 (3) (2023) Higeia Journal of Public Health Research and Development Karakteristik Ibu Hamil Dengan Kejadian Kehamilan Risiko Tinggi*. Https://Doi.Org/10.15294/Higeia/V7i3/64147

Bayuana, A., Anjani, A. D., Nurul, D. L., Selawati, S., Sai'dah, N., Susianti, R., & Anggraini, R. (2023). Komplikasi Pada Kehamilan, Persalinan, Nifas Dan Bayi Baru Lahir: Literature Review. *Jurnal Wacana Kesehatan*, *8*(1), 26. Https://Doi.Org/10.52822/Jwk.V8i1.517

Chabibah, N., & Khanifah, M. (2019). Layanan Kesehatan Ibu Hamil Berkseinambungan. *Gemassika: Jurnal Pengabdian Kepada Masyarakat*, *3*(1), 69. Https://Doi.Org/10.30787/Gemassika.V3i1.382

Dwi Purnamasari, V. S., & Masyarakat Iik Bhakti Wiyata Kediri, K. (2023). Pengetahuan Ibu Hamil Tentang Kehamilan Risiko Tinggi Di Puskesmas Pulorejo Kabupaten Jombang. *Zahra: Journal Of Health and Medical Research*, *3*(2), 126–134.

Dwikanthi, R., Darwanty, J., & Dumilah, R. (2020). Dukungan Suami Dan Perilaku Pemeriksaan Kehamilan Di Puskesmas Rawamerta Kabupaten Karawang. *Jurnal*

Penelitian Kesehatan "Suara Forikes" (Journal Of Health Research "Forikes Voice"), *11*(1), 102. Https://Doi.Org/10.33846/Sf11121

Hidayah, S. N., & Siti Fatimah, O. Z. (2022). Faktor-Faktor Yang Berhubungan Dengan Kejadian Anemia Pada Ibu Hamil Trimester Iii. *Jurnal Ilmiah Kesehatan*, *14*(2), 287–297. Https://Doi.Org/10.37012/Jik.V14i2.1251

Indriyani, R., & Anggraini, N. A. (2024). Peningkatan Perilaku Pencegahan Kek (Kekurangan Energi Kronik) Pada Ibu Hamil. *Jurnal Abdi Kesehatan Dan Kedokteran*, *3*(1), 1–13. Https://Doi.Org/10.55018/Jakk.V3i1.42

Kartika, V., Kusnali, A., & Agustiya, R. I. (2019). Budaya Kehamilan Dan Persalinan Pada Masyarakat Baduy, Di Kabupaten Lebak, Tahun 2018. *Buletin Penelitian Sistem Kesehatan*, *22*(3). Https://Doi.Org/10.22435/Hsr.V22i3.1494

Loisza, A. (2020). *Faktor-Faktor Yang Berhubungan Dengan Tingginya Kehamilan Risiko Tinggi Di Puskesmas Puter* (Vol. 10, Issue 1).

Nenti Herlina, Y. (2016). Hubungan Stresor Psikososial Pada Kehamilan Dengan Partus Prematurus. In *Jurnal Kesehatan Andalas*, 5(1). Http://Jurnal.Fk.Unand.Ac.Id

Nina Adlini, M., Hanifa Dinda, A., Yulinda, S., Chotimah, O., & Julia Merliyana, S. (2022). *Metode Penelitian Kualitatif Studi Pustaka*, 6(1)

Pujilestari, I., & Muhaimin, T. (2022). Faktor-Faktor Yang Berhubungan Dengan Kunjungan Antenatal Ibu Hamil. *Jurnal Ilmu Kesehatan Masyarakat*, *11*(04), 300–310. Https://Doi.Org/10.33221/Jikm.V11i04.1229

Putri, E., & Kardi, K. (2023). Hubungan Pemanfaatan Buku Kesehatan Ibu Dan Anak Dengan Keteraturan Kunjungan Pemeriksaan Kehamilan Di Puskesmas Ampenan Tahun 2021. *Aspiration Of Health Journal*, *1*(1), 10–15. Https://Doi.Org/10.55681/Aohj.V1i1.35

Rahmanindar, N., Zulfiana, E., Harnawati, R. A., Harapan, P., & Tegal, B. (N.D.). Akupresur Dalam Mengurangi Hiperemesis Kehamilan Acupressure in Reducing Pregnancy Hyperemesis. In *Jurnal Ilmiah Kebidanan* 8(1)

Riyanti, F. S., Usman, A. N., Nontji, W., Sunarno, I., Stang, S., & Syam, Y. (2023). Makanan Pantangan Pada Ibu Hamil Kekurangan Energi Kronik (Kek). *Journal Of Telenursing (Joting)*, *5*(1), 65–72. Https://Doi.Org/10.31539/Joting.V5i1.5252

Sofia, R. (2019). Hubungan Stresor Psikososial Pada Kehamilan dengan Komplikasi Persalinan di Wilayah Kerja Puskesmas Lapang Aceh Utara. In *Jurnal Averrous*, 5(1)

Susanti, E., Zainiyah, Z., Hasanah, F., Dewi, A. W., Sakdiyah, H., Studi D-IV Kebidanan, P., & Ngudia Husada Madura, Stik. (2020). Kartu Skor Puji Rochyati (Kspr) Dalam Upaya Screening Kehamilan Ibu Resiko Tinggi. *Journal Pradigma*, 2(2), 1–9

Yuniarti, F., Ratnawati, L., & Ivantarina, D. (2022). Deteksi Dini Kehamilan Risiko Tinggi Melalui Edukasi dan Skrining Pada Ibu Hamil di Masa Pandemi Covid19. *Jurnal Pengabdian Kepada Masyarakat Nusantara*, 3(1), 89–101. https://doi.org/10.55338/jpkmn.v3i1.290